



Walter Reed Army Medical Center  
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# FACT SHEET

June 20, 2007

SUBJECT: Behavioral Health Services at Walter Reed

## Background:

Walter Reed Army Medical Center offers a full spectrum of behavioral health care to patients with a wide variety of psychiatric conditions, including Soldiers with combat-related illnesses such as Post Traumatic Stress Disorder (PTSD). It is fairly common for returning Soldiers to experience some of the symptoms of PTSD as a normal response to combat. In most cases, these symptoms diminish upon returning home. Persistent symptoms that lead to social and occupational impairment warrant a diagnosis of PTSD, which affects about 20% of psychiatric patients at Walter Reed.

There is a full range of treatment options for PTSD, and no single option can be hailed as the “perfect cure” for this vexing disorder. There are several well-accepted, evidence-based treatments for PTSD, which used alone or in combination can restore most patients to a previous level of functioning, and for many, complete resolution of their symptoms. Walter Reed clinicians are recognized experts on PTSD and combat-related trauma and have partnered with experts in the Department of Veteran’s Affairs and civilian academic settings to develop and publish the clinical guidelines for PTSD and conduct ongoing clinical research.

## Spectrum of care:

### *Inpatient Psychiatry Service (Ward 54)*

The Inpatient Psychiatry Service is the initial point of entry for behavioral health patients in need of acute crisis stabilization. The typical length of stay is 7 – 10 days as determined by the patient’s care needs. The Inpatient service admits 750 to 1,000 patients per year, 40% of whom are evacuated from OIF/OEF. PTSD is diagnosed in 17% of these Soldiers.

### *Psychiatry Continuity Service (Ward 53)*

The Psychiatry Continuity Service (PCS) is tailored for the specialized care needs of Soldiers with conditions such as PTSD. Patients receive a comprehensive multidisciplinary evaluation, which includes many standardized and validated clinical assessment tools. The treatment team crafts an individualized care plan that addresses the patient’s treatment needs. Care progresses through levels of intensity ranging from Partial Hospitalization to Intensive Outpatient to Aftercare phases. PCS manages 80-90 patients enrolled at any given time, delivering 17,000 clinical encounters per year. 20-25% of the patients are diagnosed with PTSD.

### *Preventive Medical Psychiatry Service*

The Preventive Medical Psychiatry Service evaluates and treats all Soldiers evacuated to medical and surgical services at Walter Reed for battle injuries, medical illness and non-battle injuries as part of the routine comprehensive care for these patients. The families and children of these Soldiers are also supported and treated in conjunction with the care of the Soldier. Universal screening and support is part of the effort to ensure access to care and decrease the stigma of mental health care. The care provided through this approach has led to markedly diminished rates of illnesses such as depression and PTSD compared with non-injured Soldiers.

### *Deployment Health Clinical Center (DHCC)*

The Deployment Health Clinical Center, a DoD organization located on the Walter Reed campus under the auspices of the Uniformed Services University of the Health Sciences, accepts referrals from numerous sources throughout DoD, with nearly 60% of all referrals coming from Walter Reed. DHCC operates an intensive three week outpatient day program for a limited number of patients using cognitive behavioral and exposure therapies.

### *Outpatient Behavioral Health*

Routine periodic outpatient care is provided in the Borden Pavilion, Building 6, consisting of individual counseling, medication management, and group therapy. Couples therapy, family therapy, and child and adolescent services are also provided to meet the needs of Soldiers' families and children who may also be affected by the deployment.

### *Child and Adolescent Psychiatry Service*

The Child and Adolescent Psychiatry Service is integrated with the Preventive Psychiatry Service to provide comprehensive interdisciplinary care to the children of wounded warriors and provides consultation to parents whose children are living elsewhere.

## **Background on Post Traumatic Stress Disorder:**

PTSD is a complex disorder that affects patients' thinking, feeling and behavior. Exposure to acute traumatic events or chronic combat stressors can have a profound neurobehavioral effect. Traumatic images, experiences, sights and smells are typically "burned into" the brain and re-experienced as flashbacks and nightmares. In response to traumatic experiences, patients may grow numb with symptoms that appear very much like depression. Additionally, their autonomic nervous system tends to be over-reactive with hyper-arousal, resulting in greater startle responses, sleep disturbances, memory and concentration problems. Finally, a pattern of avoidance of situations that provoke associated memories may occur, potentially leading to social and occupational impairment.

### *Key issues in care:*

- The first steps include a thorough diagnostic assessment and evaluation of any associated conditions followed by development of a comprehensive treatment plan
- When selecting specific therapies, consideration of patient characteristics such as gender, type of trauma (e.g., combat vs. other trauma) and past history are important
- Treatment plans are individualized for each patient based on a number of considerations including diagnosis, symptom severity and patient preference where appropriate

- Therapists integrate diverse evidence-based therapies in a fashion that is designed to target specific symptoms and afford the optimal care for maximum recovery
- Typical therapies include: cognitive therapy, exposure therapy, stress inoculation therapy, eye movement desensitization and reprocessing [EMDR], imagery rehearsal therapy, hypnosis, psychotherapy, medication therapy, art therapy, music therapy, and relaxation therapy. A combined therapy approach affords the best clinical outcome for patients

## **Patient Population at WRAMC:**

### *Warrior Transition Brigade (WTB):*

- Approximately 20 percent of the Soldiers assigned or attached the WTB have a primary psychiatric diagnosis and about 30 percent have some degree of Traumatic Brain Injury (TBI)
- About 25 percent of PCS patients are enrolled in the Trauma (PTSD) track, and about 40 percent of PCS patients have been enrolled in the Army Substance Abuse Program to help manage alcohol and substance-related issues
- Other Soldiers from the National Capitol Region in need of intensive outpatient care may be referred to Walter Reed. In addition, patients who are not progressing effectively elsewhere can be sent to Walter Reed for outpatient care for a two to four week intensive program

## **Personnel Issues:**

### *Current staffing Department of Psychiatry:*

Behavioral Health providers including psychiatrists, psychologists, social workers and nurses provide comprehensive diagnostic assessments and treatment, conduct clinical research and also train the next generation of behavioral health care providers

### *GWOT proposal:*

- To optimize behavioral service delivery to combat Soldiers receiving psychological care, Walter Reed received approval from the U.S. Army Medical Command to add 24 behavioral health care providers to its staff
- Walter Reed is aggressively recruiting to fill these positions quickly
- Requests specific for Ward 53 include one active duty psychiatrist to replace summer losses, four providers, and four extenders (Vocational Rehabilitation, Occupational Therapy, Art Therapist, Recreational Therapist)

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*Walter Reed has treated **6,455 patients** from Operation Enduring Freedom and Operation Iraqi Freedom since the Global War on Terror began, **2,213 patients** have been battle casualties.*